CAT HANDLING PROCESSES AND PROCEDURES

v14

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1 PROCESSES AND PROCEDURES

Refer to the appendices for guidance on:

1) Vets choosing a cat sedative
2) Identifying signs of fear in cats
3) Cat Handling techniques
4) Cat Handling equipment

1.1 Handling a cat in the reception area

Process steps			
ID	**What**	**Who**	**Procedures – How and When**
1	Ensure all cats are in secure carrier while they are waiting in the reception area	Customer Services	A secure carrier is one that fully confines the cat, preventing it leaving or another animal entering its space.
			This is for the cat's safety and the safety of other patients and clients in the waiting area.
			If a client does not have a carrier to put their cat into, encourage them to purchase a cardboard container (available in front reception). If they cannot afford this, check if there is an available container that we could lend to them to use while the cat is in the hospital. They must return it after the consultation is complete.
			If a client refuses to put the cat into a carrier, either put them in a room if there is one available, or call a nurse to remove the cat and place it temporarily in a cat ward cage until the vet is ready for their consultation.
			If a cat arrives in a carrier but the client removes it while waiting, ask them to return it to the carrier and explain it is for safety.
2	When requested by Customer Services, remove a cat not in a cage and place temporarily in a cat ward cage	Nurses	Complete a cage card to identify the cat.
3	If the space is available, encourage clients with cats to wait in a different area of the reception from dogs	Customer Services	Note: We are in the process of looking at developing a "cat only" waiting section.
4	Request a nurse cleans a cat carrier dirtied during travel	Customer Services	Use the paging system to ask a nurse to come to reception and direct them towards the client.
5	Clean a cat carrier dirtied during travel	Nurses	Take the cat in its carrier through to the Treatment Room where the cat can be restrained while the box is being cleaned.

1.2 Handling a cat during a consultation

Process steps			
ID	**What**	**Who**	**Procedures – How and When**
1	Prepare to handle a cat during a consultation	Vets / Nurses	If there are odours remaining from a previous consultation (from a previous patient, procedure, or cleaning) attempt to remove the source of the smell before the cat enters the room (cats are very sensitive to smells and it can cause them distress).
			Ensure that you have washed your hands (Infection Control requirement) but be aware that strong smells can upset cats.
			Spray feliway (synthetic analogue) in the consultation room at the start of the day, or 10-15 minutes before a cat consultation.
2	Close the consultation room door after the cat has been brought in	Vets / Nurses	Avoid slamming the door, and be especially aware the automatic doors in the night service area are very loud.
3	Confirm the cat's temperament prior to handling it	Vets / Nurses	Read the patient's file in CL Vet to see if there are any warnings.
			Ask the client about the cat's temperament.
			If there is a risk of injury, either to staff or the cat or the client, then the cat must be sedated.

Process steps			
ID	**What**	**Who**	**Procedures – How and When**
4	Place a towel on the consultation table	Vets / Nurses	This allows the cat to "grip" the table.
			Use the patient's towel if it came with one as this will be familiar and will make the cat less anxious. Otherwise use a clean towel.
5	Open the cat's carrier and review the patient file	Vets / Nurses	Allow the cat time to come out of the carrier on its own accord.
6	Remove the cat from the carrier	Vets / Nurses	If it has not come out on its own, reach in and support the caudal abdomen and back legs to encourage the cat to move forward.
			If the cat shows signs of fear (see appendices) gently slide a towel around the cat to remove it.
			Avoid grabbing the cat or tipping / shaking the carrier as this will distress the cat and make handling harder.
			If you are unable to remove the cat do what you can to examine the cat in the carrier or, if is showing signs of aggression, decide whether to admit the cat in order to sedate it (see section on handling inpatient cats).
			Discuss choice of cat carrier with the client.
7	Examine the cat as required	Vets / Nurses	Allow the cat to maintain its chosen position for as long as possible.
			If the cat was in a carrier with a top lid and has remained in the carrier, examine it with it still in the bottom half of the carrier as this will reduce the cat's distress.
			Perform the least painful part of the clinical examination first.
			Keep noise level down and approach the cat in a calm manner, as it may respond negatively to tense body language.
			Do <u>not</u> let the client restrain the cat if there is a risk they may get injured.
			If the cat is showing increasing signs of anxiety, consider admission to the Hospital and sedation for further examination / procedure.
			If there is a risk of injury, either to staff or the cat or the client, then the cat must be sedated.
			For signs of fear in cats see appendices.
8	If required transfer the cat to the treatment room	Vets / Nurses	Ideally check the treatment room is not excessively noisy before entering with the cat. If it is noisy, consider an alternative area to examine the cat, eg. available consult room.
			Either use a cat box with a top lid, or wrap the cat in a towel.

1.3 Handling inpatient cats

Process steps			
ID	**What**	**Who**	**Procedures – How and When**
1	Reduce risk of escape by ensuring the area is secure and noise is minimised	Vets / Nurses	Close open doors and escalate any unusual escape routes that need fixing to Building Services (eg. hole in the roof).
			If you think there is an unacceptable risk of escape because there are issues that cannot be immediately fixed or noise stopped (eg. barking dogs), take the cat to another room if possible.
2	Assess risk of aggression while the cat is in its cage	Vets / Nurses	Review any warning signs on the cage door.
			Assess the cat's behaviour and body language for signs of fear (see appendices for guidance on this).
3	Prepare examination surface	Vets / Nurses	Do this before removing cat from its cage to prevent difficulty handling cat while also trying to prepare the surface.
4	Remove cat from cage	Vets / Nurses	**A towel must be used to wrap around every cat being handled.**
			Prepare the towel before removing the cat.
			Approach the cat in a calm manner.
			Metal cage doors are very noisy so try to open them gently.
			Let another member of hospital staff know if you are not comfortable handling a particular cat.

Process steps			
ID	**What**	**Who**	**Procedures – How and When**
			How you wrap the cat in the towel depends on what you are trying to do. Refer to appendices for cat handling techniques.
5	Assess risk of injury when the cat is out of its cage and decide if sedation is required	Vets / Nurses	**If there is a risk of injury, either to staff or to the cat, then the cat must be sedated.**
			Continue assessing risk of injury while you are handling the cat, and if the situation is not improving or escalating, the cat must be sedated.
6	Place cats displaying aggressive behaviour in a "crush cage" or use an "EZ Nabber"	Vets / Nurses	These methods can be effective for aggressive cats because they restrain them for you to more easily give intramuscular sedation.
			Allow the cat about 10 mins to settle down before starting to put into effect the restraining action.
7	Sedate cats displaying aggressive behaviour	Vets	Cat muzzles and the cat bag can be considered in very aggressive cats, however these methods can increase stress in the patient so sedation may need to be considered.
			If the cat shows signs of aggression then consider sedation.
			Always obtain consent for sedation from the owner, and explain the risks involved.
			An attached IV line can be used to inject sedatives.
			Note that aggressive animals have a much higher risk of peri-anaesthetic death.
			Avoid the use of "masking down" with inhalation anaesthetics due to health and safety issues for staff.
			See appendices for guidance on selecting choice of sedation.
8	Examine the cat	Vets / Nurses	Try to do this without the cat being able to see other cats!
			Consider examining in a quiet room if it is afraid of other cats or showing other signs of fear.
			If the cat shows signs of aggression then place back into the cage, try to examine later in a quiet location or consider sedation.
			Scruffing a cat can assist handling, but can also increase aggression (see appendices for guidance on this).
			Let another member of hospital staff know if you are not comfortable handling a particular cat, or if you feel you do not have adequate restraint.
			When restraining a cat for venipuncture, wrapping the cat in a towel is the most effective method for most cats (see appendices for guidance on this). Lying the cat on one side (turn to wrap) can be effective in some cases and can provide access to the hindlimb veins.
			In some cases "minimal restraint" is more effective, though this needs to be weighed up with potential risk to staff.

1.4 Catching an escaped cat

Process steps			
ID	**What**	**Who**	**Procedures – How and When**
1	Agree who is taking the lead on resolving the situation	Staff handling cat at time of escape	There must be 1 staff member identified as taking the lead on assigning staff to undertake the process steps below.
			This person should be the vet who is dealing with the cat's case, or if they are not available, another vet or senior nurse who is close by.
2	Inform Floor Supervisor a cat has escaped	Agreed lead to direct staff	For this and all steps below the agreed lead remains managing the situation and directs other members of staff to undertake actions as required.
3	Secure and reduce levels of excitement in the area where the cat is loose	Agreed lead to direct staff	Close all doors connecting to other areas and direct staff members to stand by them to prevent other staff opening them.
			Reduce noise and if possible darken the room to calm the cat .
4	Prepare equipment required to regain control of the cat	Agreed lead to direct staff	Collect a thick towel and open boxed carrier (or crush cage), and if the cat is aggressive also put on gloves.

Process steps			
ID	**What**	**Who**	**Procedures – How and When**
5	Wait for the cat to settle	Agreed lead to direct staff	If the cat is running or climbing around the room allow the cat time to find a "safe hiding" place and stop running about.
6	If the cat escapes to a place where it is not able to be easily captured, report the situation	Agreed lead to direct staff	**Escaped cats must be reported immediately to an approved Health and Safety Officer** who will then take over as the lead in determining what further action is required to retrieve the cat, and assigning tasks to staff.
			All attempts to retrieve the cat must therefore stop until the Health and Safety Officer assesses the situation and provides instructions on the next steps.
7	Recapture the cat when it is settled	Agreed lead to direct staff	In a calm manner, place the towel over the cat and transfer it to the prepared cage.
8	Inform the owner if the cat cannot be recaptured	Agreed lead	(Further guidance on timing, method, etc. to be confirmed)

1.5 Dealing with an injury caused by a cat

Cat injuries can be prevented from becoming serious if treated properly and quickly.
Staff members should encourage anyone who has suffered from a cat injury, however minor, to request assessment and assistance from a qualified first aider.

Refer to Incident / Hazard Reporting and Investigation PPPs.

2 PRINCIPLES / TERMINOLOGY

Phrase, Word, or Acronym	Principle or Definition
Client	Person bringing an animal for services at Lort Smith, who either confirms their identity as the owner or authorised agent of the animal

3 PROCESSES AND PROCEDURES ADMINISTRATION

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4 APPENDICES

4.1 Vets choosing a cat sedative

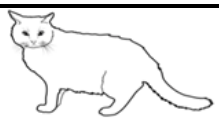
Your choice of sedation should depend on:
- Level of sedation required
- Age and general condition of cat
- Procedure to be performed

Important Notes:
- Always consider whether a "light anaesthetic" would be a safer alternative than sedation
- Oxygen supplementation should be considered in all sedated cats (especially with Medetomidine)
- Special consideration should be paid to thermoregulation (high BSA : volume ratio of cats results in rapid heat loss)

For cats that are:	Sedatives and Dose guidance (adjust for patient):	Notes
Healthy	Medetomidine (domitor) **with** Torbugesic (butorphanol) * See detailed dosage chart in ICU / treatment room / night service safe	
Unwell or Older cats	Ketamine **with** Midazolam 100mg / ml 3 kg cat: 0.075mls of each 4kg cat: 0.1mls of each 5kg cat: 0.12mls of each 6kg cat: 0.15mls of each	Relatively safe for ill cats providing only modest cardiopulmonary depression. Ketamine: ▪ Recommend use with Midazolam to reduce doses and side effects. ▪ Cardiovascular depression in animals in shock or severe CV disease. ▪ Tachycardia can result after administration of high doses. ▪ Respiratory depression may be marked in some animals. ▪ May result in spacey/abnormal behaviour 1-2 hours during recovery. Midazolam: ▪ Caution use in cardiac disease, respiratory disease and neonates.
Cats having a minor procedure (eg. ultrasound) or as a premedication	ACP (acetylpromazine) 0.05-0.1mg/kg 3kg cat: 0.15ml 4kg cat: 0.2ml 5kg cat: 0.25ml 6kg cat: 0.3ml **with** Butorphanol (butorgesic) 0.2-0.5mg/kg IV,IM,SCT 3kg cat: 0.1ml 4kg cat: 0.12ml 5kg cat: 0.15ml 6kg cat: 0.18ml	ACP: ▪ Alone is not a particularly effective sedative, increasing the dose above 0.1mg/kg does little to improve the predictability of achieving adequate sedation but increases risk of adverse effects. ▪ Hypotension due to shock, trauma or CV disease ▪ Rarely can cause severe hypotension ▪ Not advisable to combine with alpha-2-agonists (eg mededomidine) due to possible excessive hypotension ▪ Reduce other anaesthetic agents when ACP used as premedication ▪ Side effects such as respiratory depression, bradycardia and vomiting are rare after clinical doses Butorphanol: ▪ Provides sedative effects up to 3 hours
Not for: - cats with cardiovascular or other systemic disease - pregnant cats - geriatric cats - diabetic cats	Medetomidine (domitor) Moderate sedation: 0.25-0.5ml / 5kg IM Deep sedation: 0.5-0.75ml / 5 kg IM	Recommend use in combination with another drug (eg butorphanol) for better sedation and minimise side effects Oxygen supplementation is advised in all cats receiving domitor sedation Vomiting (after IM administration) Causes transient increase in blood glucose Spontaneous arousal from deep sedation – manage aggressive cats with caution Causes diuresis and mydriasis When used as a premed, will significantly reduce dose of all other anaesthetic drugs required to maintain anaesthesia Adverse effects can be antagonised with IM atipamezole(antisedan) at 2.5 times the agonist dose
Presented for euthanasia and IV access is difficult, **or** Aggressive cats requiring sedation for minor procedure (eg. blood test, fluid therapy)	Zoletil 100 mg/ml 10-15 mg/kg IM 5-7.5 mg/kg IV Lower dose: 2-3 mg/kg (approx 0.1 - 0.15ml per cat)	▪ Useful only where prolonged recovery is not disadvantageous ▪ Lasts from 20-60 mins with recovery 2-6 hours ▪ Do **not** use ACP as premed ▪ Avoid if major cardiac or respiratory decompensation ▪ Avoid in pancreatic insufficiency ▪ Avoid with severe hypertension ▪ Avoid in renal and hepatic disorders ▪ Avoid in pregnancy ▪ Lower dose (2-3 mg/kg) may be effective and may provide more rapid recovery
Sedation for minor procedures when IV access cannot be achieved	Alfaxan IM 10 mg/kg (1 ml/kg) IM	▪ Can be administered by IM route to induce deep sedation or light anaesthesia ▪ SCT not recommended

4.2 Signs of fear in cats

- Cats use different body postures to communicate their emotions. Below are some typical postures you may observe.
- As cats become more anxious about their surroundings they will try to avoid contact with what they perceive as threats.
- Their score may change very quickly depending on the seriousness of a perceived threat, and the highest scores are usually only seen when escape it not possible.

Score	Body postures		Head postures and sounds	
1 Relaxed	**Activity**	sleeping or resting, alert or active, may be playing 	**Head**	laid on surface or over body, some movement 
	Body	lying on side, on belly or sitting; if standing or moving, back horizontal	**Eyes**	close to open, pupils slit to normal size
	Breathing	slow to normal	**Ears**	normal to forward
	Legs	bent, hind legs may be laid out; when standing extended	**Whiskers**	normal to forward
	Tail	extended or loosely wrapped; up or loosely down when standing	**Sounds**	none, purr
2 Alert	**Activity**	resting, awake, or actively exploring 	**Head**	over the body, some movement 
	Body	lying on belly or sitting; if standing or moving the back is horizontal	**Eyes**	open normally, pupils normal
	Breathing	normal	**Ears**	normal or erected to front or back
	Legs	bent; when standing extended	**Whiskers**	normal to forward
	Tail	on body or curved back; up or tense downwards when standing; may be twitching	**Sounds**	none or meow
3 Tense	**Activity**	resting or alert, may be actively exploring, trying to escape 	**Head**	over the body or pressed to body, little or no movement 
	Body	lying on belly or sitting; if standing or moving end of body is lower than front ("slinking")	**Eyes**	wide open or pressed together, pupils normal to partially dilated
	Breathing	normal	**Ears**	erected to front or back
	Legs	hind legs bent and front legs extended when standing	**Whiskers**	normal to forward
	Tail	close to body; tense downwards or curled forward, may be twitching when standing	**Sounds**	none, meow, or plaintive meow
4 Anxious	**Activity**	alert, may be actively trying to escape 	**Head**	on the plane of the body, little or no movement 
	Body	lying on belly or sitting; if standing or moving end of body is lower than front ("slinking")	**Eyes**	wide open, pupils dilated
	Breathing	normal or fast	**Ears**	partially flattened
	Legs	under body, bent when standing	**Whiskers**	normal to forward or back
	Tail	close to the body; may be curled forward close to body when standing. The tip may move up and down, or side to side.	**Sounds**	none, plaintive meow, growling, yowling
5 Fearful	**Activity**	motionless, alert or crawling 	**Head**	near to surface motionless 
	Body	lying on belly or crouched directly on top of all paws, may be shaking; if standing the whole body is near to the ground, may be shaking	**Eyes**	fully open, pupils fully dilated
	Breathing	fast	**Ears**	fully flattened
	Legs	bent; when standing bent near to the surface	**Whiskers**	back
	Tail	close to body; curled forward close to the body when standing	**Sounds**	none, plative meow, growling, yowling
6 Terrified	**Activity**	motionless alert 	**Head**	lower than the body 
	Body	crouched directly on top of paws, shaking. Hair on back and tail bushy.	**Eyes**	fully opened, pupils fully dilated
	Breathing	fast	**Ears**	fully flattened, back on head
	Legs	stiff or bent to increase apparent size	**Whiskers**	back
	Tail	close to body	**Sounds**	none, plative meow, growling, yowling, hissing

4.3 Cat handling techniques

These techniques are consistent with advice from specialists in cat behaviour in minimising stress for the cat as well as minimising the risk of injury to the handler.

4.3.1 Basic hold on a table

1. Approach the cat with a calm and soft tone and manner.



2. Place 4 fingers on both hands behind the cat's forelimbs, with your thumbs on the cat's back.



4.3.2 Forelimb restraint for inserting an IV catheter or taking a small blood sample

1. Place the cat on a towel, with one side of the towel underneath one of the cat's forelimbs.



2. Bring one corner of the towel around the front of the cat's neck and then take it behind the cat's neck, being careful to leave the forelimb free.



3. Still being careful to leave the forelimb free, take the other corner of the towel and bring it the other way.
Behind the neck, around the front of the neck, and finally back around behind the cat's neck.





4. Finally hold both corners together behind the cat's neck and ensure the cat is calm.



5. Keep one hand holding the corners of the towel behind the cat's neck, and use your other hand to extend the cat's free forelimb.



4.3.3 Restraint for jugular venipuncture

1. Ensure the cat's limbs are wrapped in a towel and hold the cat's neck with 3 fingers on either side, with your thumbs pressed on the cat's forehead above each eye.



2. Using this restraint, you can move the cats head slowly to either side if a change of position is required by the person taking the blood sample.



View of steps 2 and 3 from above.



4.3.4 Burrito Wrap

1. Place the cat on a large towel and wrap one side over the cat's body



2. Wrap the remaining side over the cat to create the "Burrito Wrap"



3. A hindlimb can easily be pulled out through the back of the "Burrito Wrap" and used for venepuncture (lateral vein in photo)



4. The hindlimb can also be pulled out using this method to gain access to the medial sapherous vein



5. When using this method, a second handler can distract the cat by massaging it's head



4.3.5 Scruffing cats

Below are guidelines from the ISFM (International Society Feline Medicine) regarding scruffing cats. Staff will have varying views on this but are encouraged to take note of the opinion below based on research and experience while handling cats to prevent safety incidents.:

- "Scruffing" is a general term for a variety of holds on the skin of the cat's neck. Grasping the scruff varies from a gentle squeeze of the skin, to grasping a larger fold of skin with varying amounts of pressure.
- Consideration of the natural feline behaviour can help put this technique into perspective. Cats grasp the scruff of the neck of other cats in only limited circumstances. During the first few weeks of life the mother cat lifts the kittens by the scruff of the neck using her mouth. This is a method of transport and immobilisation, and not a form of discipline. During mating, the tomcat grasps the scruff of the queen.
- Some vets and behaviourists do not use scruffing and do not condone its use. They find that other gentle handling techniques are less stressful, more time efficient, provide greater safety for the staff and allows the cat to have a sense of control. They prefer other methods to manage situations where cat welfare and staff welfare are at stake. Other vets handle cats gently and use scruffing only if it is necessary to protect the welfare of the cat or for the physical protection of the staff. Still others think scruffing is acceptable for short procedures, in an emergency and to prevent the cat from escaping or injuring someone.
- If you think this technique is the only alternative, carefully evaluate the cat for signs of fear and anxiety. The cat may become immobile but may not be comfortable, or may become aggressive. Handle the cat as gently as possible, and guard against using aggressive handling techniques out of anger or frustration. Avoid lifting the cat or suspending its body with a scruffing technique because it is unnecessary and potentially painful.

4.4 Cat handling equipment

4.4.1 EZ-Nabber



Video available for the “EZ Nabber” on the You Tube website.

Lort Smith has 2 EZ Nabbers for staff to use.

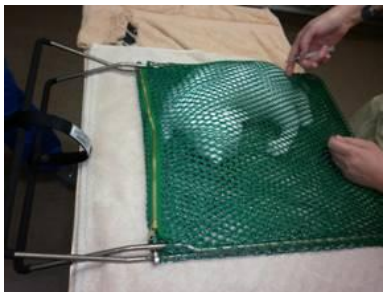
1. Open the EZ Nabber before you open the cat’s cage door, then slide and spread the EZ Nabber around the cat at the back of the cage



2. Carefully close the EZ Nabber, ensuring that the cat’s tail and limbs are not trapped



3. Place the EZ Nabber on a comfortable flat surface where you can assess the cat



4. An injection can be given through the EZ Nabber netting.
   Be aware that the cat can move a lot while in the EZ Nabber.



5. The EZ Nabber can be fastened at the top and used to carry the cat if required

6. After use, clean the double layered netting by scrubbing, rinsing, and air drying.



4.4.2 Space Cone / Air Muzzle II

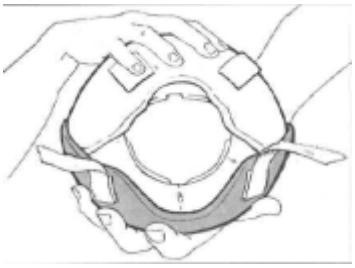


The Air Muzzle II has a sliding collar design which allows fast and easy application while providing quick effective protection for the vet, technician, or groomer.

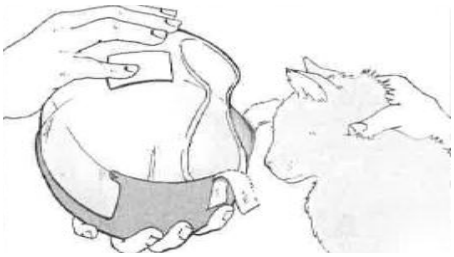
It is ideal for use on **all sizes of cats**.

(It can also be useful for small dogs, especially brachycephalic breeds like Pugs and Pekingese that cannot wear conventional muzzles).

1. Hold the Air Muzzle II with two hands as shown. Velcro should be open and attached to the vision shield positioned at the bottom.



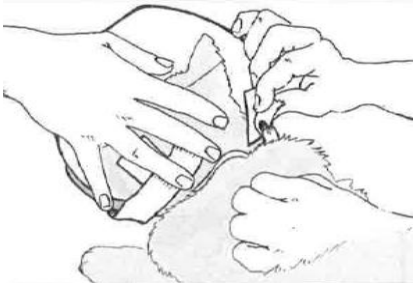
2. Approach animal with the Air Muzzle II completely open.



3. Slip Air Muzzle II over pet's head and swivel the two halves together until the sliding collar contacts both the top and bottom of the pet's neck.



4. Attach both sides of the Super Velcro for a quick fit.



WARNING! Never leave animal unsupervised while wearing the Air Muzzle II.

4.4.3 Gloves

Protective black gloves with silver arm extensions are available in all cat handling areas for use.



4.4.4 Cat muzzle

The cat muzzle is an alternative to the “Space Cone”.



Place the muzzle over the cats eyes, and securely fasten behind the cats ears.

